



Maricopa County Department of Public Health

Request for Certified Copy of **ARIZONA BIRTH CERTIFICATE** – In Person Application

WARNING: False Application for a Birth Certificate is a Punishable Offense

A VALID GOVERNMENT PHOTO ID IS REQUIRED



TODAY'S DATE:	# Of Copies	Payment Method	Total Amount	Fees: \$20—Per Certified Copy \$30—Per Correction/Amendment & Court Order (1997—Present)		
Name on Certificate	First	Middle	Last	Suffix	Date of Birth	
Sex MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	Hospital	Town/City of Birth		County of Birth	OFFICE USE ONLY	
Mother's Name	First	Middle	Maiden (Last Name Prior to 1st Marriage)	Date of Birth		STATE FILE NUMBER
				State (if US) or Country of Birth		REQUEST ID
Father's Name	First	Middle	Last	Date of Birth		DATE ENTERED
				State (if US) or Country of Birth		DATE ISSUED
Your Full Name — Printed		Your Signature—Required				SERIAL NUMBER
Relationship to Person on Certificate		Daytime Phone Number				SERIAL NUMBER
**PROOF OF RELATIONSHIP IS REQUIRED IF YOU ARE NOT NAMED ON CERTIFICATE						RECEIPT NUMBER
Mailing Address						
Street						
City						
State						
Zip Code						
GOV'T ISSUED ID (OFFICE USE ONLY)						
DOCUMENTS VERIFIED (OFFICE USE ONLY)						



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